



DEPARTMENT OF PLANNING AND NEIGHBORHOOD DEVELOPMENT

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Virg Bernero, Mayor

PLUMBING BOARD OF APPEALS

Date Filed: _____

Hearing Date: _____

Appeal Number: _____

The Plumbing Board of Appeals meets the **second Thursday** of each month at **7:00 p.m.** in the Conference Room of the Building Safety Office. Appeals, accompanied by a **non-refundable** fee of: **\$125.00** for Single Family Residential; **\$200.00** for Single Family Residential Rentals; **\$200.00** for Commercial; which must be on file with the Building Safety Office twenty (20) days before the meeting date.

Make checks payable to the City of Lansing.

ADDRESS OF PROPERTY FOR APPEAL: _____

Property Owners Name: _____ Telephone # (____) _____

Applicant's Name: _____ Telephone # (____) _____

Applicant's Address: _____

(Attach additional sheets, if necessary)

Request is hereby made to: _____

This is contrary to Section _____ of the _____ Michigan Plumbing Code.

Arguments in support of this appeal: _____

Signed: _____ Date: _____

Appeal Board information will be sent to the applicant unless otherwise noted.